

Bartholomew Co. Health Dept.
440 Third St.
Columbus, IN 47201
Phone: (812)379-1550 Fax: (812)379-1040
Hours: Mon-Fri 8am-5pm

DEATH CERTIFICATE APPLICATION

FEE:
\$8.00

QUANTITY:

****IDENTIFICATION IS REQUIRED****

NAME OF DECEASED: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

RELATIONSHIP TO DECEASED: _____

NAME OF APPLICANT: _____

SIGNATURE OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

DATE OF THIS REQUEST: _____

CASH, CHECK (WITH DRIVER LICENSE OR STATE ID), MONEY ORDER, AND DEBIT/CREDIT CARDS
(\$2.50 PROCESSING FEE) ACCEPTED